



Your business
is our business.

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 21, 2017

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2017 ETC Annual Report of Lathrop Telephone Company
Study Area Code 421932**

Dear Ms. Dortch:

On behalf of Lathrop Telephone Company ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Jenni Neff
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jneff@grm.net
	Form Type	54.313 and 54.422

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**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<210> For the prior calendar year, were there any reportable voice service outages? No

[illegible]

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@gzm.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
421932MO510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	421932M0610.pdf

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**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421932
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<015> Study Area Name LATHROP TEL COMPANY

<020> Program Year 2018

<030> Contact Name - Person USAC should contact regarding this data Jenni Neff

6607482575 ext.

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030> jneff@grm.net

<701> Residential Local Service Charge Effective Date

1/1/2017

<702> Single State-wide Residential Local Service Charge

[illegible]

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net
<810>	Reporting Carrier	Lathrop Telephone Company
<811>	Holding Company	Grand River Mutual Telephone Corporation
<812>	Operating Company	Lathrop Telephone Company

[illegible]

FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2013

<900>	Does the filing entity offer tribal land services? (Y/N)	No
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If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

[illegible]

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

421932MO1200.pdf

Name of Attached Document

<1220> Link to Public Website HTTP www2.grm.net/phone/

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
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<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		Yes - Attach Certification
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	421932MO3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	421932MO3026.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@gxm.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421932
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<035> Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421932
<015> Study Area Name	LATHROP TEL COMPANY
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035> Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>John Staurulakis, Inc.</u>	
Name of Reporting Carrier: <u>LATHROP TEL COMPANY</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/21/2017</u>
Printed name of Authorized Officer: <u>Mark Yungeberg</u>	
Title or position of Authorized Officer: <u>Vice Pres</u>	
Telephone number of Authorized Officer: <u>6607483231 ext.</u>	
Study Area Code of Reporting Carrier: <u>421932</u>	Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>LATHROP TEL COMPANY</u>	
Name of Authorized Agent Firm: <u>John Staurulakis, Inc.</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/20/2017</u>
Name of Authorized Agent Employee: <u>John Staurulakis, Inc.</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Staff Consultant</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>3014597590 ext.</u>	
Study Area Code of Reporting Carrier: <u>421932</u>	Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Lathrop Telephone Company demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”³

Lathrop Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law. These provisions include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Missouri Public Service Commission which discloses rates, terms and conditions of service to customers; (2) compliance with state consumer protection provisions relating to Customer Services as identified in section 4 CSR 240-32.050 of the Missouri Code of State Regulations, compliance with provisions for Quality of Service as identified in section 4 CSR 240-32.070 of the Missouri Code of State Regulations, compliance with Service Objectives as identified in section 4 CSR 240-32.080 of the Missouri Code of State Regulations, compliance with customer Inquiry

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

procedure as identified in 4 CSR 240-33.060 of the Missouri Code of State Regulations, compliance with Dispute standards as identified in 4 CSR 240-33.080 of the Missouri Code of State Regulations; (3) compliance with truth-in-billing requirements; and (4) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 *Open Internet Order* when it becomes effective.

Lathrop Telephone Company's Ability to Function in Emergency Situations for voice and broadband services:

Lathrop Telephone Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part § 54, Subpart C, 54.202(a)(2)¹ and the Missouri Code of State Regulations. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. In addition, the Company has redundancy for connectivity purposes via additional routes and electronic equipment for both voice and broadband services.

Specifically, each central office building is supplied with standby generators and battery reserve that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites and has a maintenance program in place as described in section 4 CSR 240-32.060 of the Missouri Code of State Regulations.

The company’s standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

The company complies with the FCC’s backup power requirements, effective October 16, 2015.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

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**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 421932

<015>	Study Area Name	LATHROP TEL COMPANY
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<020> Program Year 2018

<030> Contact Name - Person USAC should contact regarding this data Jenni Neff

<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> jneff@qrm.net

1/1/2017

<703>

[illegible]

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	421932
<015>	Study Area Name	LATHROP TEL COMPANY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jenni Neff
<035>	Contact Telephone Number - Number of person identified in data line <030>	6607482575 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jneff@grm.net

<810>	Reporting Carrier	Lathrop Telephone Company
<811>	Holding Company	Grand River Mutual Telephone Corporation
<812>	Operating Company	Lathrop Telephone Company

[illegible]

Lathrop Telephone Company
d/b/a LTC Networks

P.S.C. MO. NO. 1
8th Revised Sheet No. C-12
Cancelling 7th Revised Sheet No. C-12
For Lathrop, Missouri

LIFELINE SERVICE

Lifeline Service

Lifeline Service is a government benefit program established by the Federal Communications Commission (FCC) and Missouri Public Service Commission (Commission) and is available to qualifying low-income subscribers for certain residential telecommunications services. The terms and conditions of Lifeline service, including monthly discount amounts, are set forth in rules established by the FCC and Commission and available at the Company's office.

In addition, the terms and conditions of Lifeline service are available on the Company's website as follows: www.grm.net

Disabled Service

Disabled Service is a government benefit program established by the Missouri Public Service Commission (Commission) as part of the Missouri Universal Service Fund (MoUSF). It is a residential retail service that offers a qualifying disabled customer reduced charges for certain telecommunications services. The terms and conditions of disabled service, including monthly discount amounts, are set forth in rules established by the Commission and available at the Company's office.

In addition, the terms and conditions of Disabled Service are available on the Company's website as follows: www.grm.net

(T)

(T)

Lathrop Telephone Company
d/b/a LTC Networks

P.S.C. MO. NO. 1
7th Revised Sheet No. C-12.1
Cancelling (See below)

GENERAL EXCHANGE SERVICE

LIFELINE SERVICE (Continued)

CANCELLING P.S.C. MO. NO. 1:

6th Revised Sheet No. C-12.1
3rd Revised Sheet No. C-12.2
2nd Revised Sheet No. C-12.3
2nd Revised Sheet No. C-12.4
Original Sheet No. C-12.5
Original Sheet No. C-12.6

(N)

(N)

(D)

(D)



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PHONE

GRM Networks, LTC Networks and SCC Networks are proud to offer phone service to many communities in Iowa and Missouri. View information below to see our Rates, Terms and Conditions and other important information. Or, use the links to the left to learn about long distance service and calling features!

ONLINE TELEPHONE DIRECTORIES

- [GRM Networks Missouri](#)
- [GRM Networks & SCC Networks Iowa](#)
- [LTC Networks](#)

RATES, TERMS AND CONDITIONS

Click any link below to download a PDF of rates, terms and conditions for the area listed.

- [Grand River Long Distance – Missouri](#)
- [Grand River Long Distance – Iowa](#)
- [Lathrop Long Distance](#)

- [Iowa Local Exchanges Rates](#)
- [SCC Networks Local Exchange Rates](#)
- [GRM Networks Services Catalog – Iowa](#)
- [SCC Networks Services Catalog](#)

+ NO CALL LIST

+ EMERGENCY TELEPHONE NUMBERS

+ DIRECTORY

– LIFELINE PROGRAM

You may be eligible for assistance with your phone or Internet bill through the federal Lifeline program. For a program application, click the links below or for more information about the federal program, go to the Lifeline website at www.usac.org/li/.

Missouri residents that qualify for the federal Lifeline program automatically qualify for the state program and receive an additional discount. If you are a Missouri resident and do not qualify for the federal Lifeline program, you may qualify for the state Disabled Program. The application for this program is contained within the Lifeline application for Missouri customers listed below. More information on the programs offered by the State of Missouri is available at <https://psc.mo.gov/Telecommunications/USFLifeline>.

- [Lifeline Application](#): For GRM Networks Missouri Customers
- [Lifeline Application](#): For GRM Networks Iowa Customers
- [Lifeline Application](#): For LTC Networks Customers
- [Lifeline Application](#): For SCC Networks Customers

+ PHONE SCAMS

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FORMS AND POLICIES

GRLD/LLD RATES, TERMS & CONDITIONS

DMCA

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LTC Networks

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$9.25. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Veterans and Survivors Pension Benefit <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Lifeline Program – Choose ONE service to apply the discount: *(check with provider for availability)*

☐ Telephone
 ☐ Broadband Internet Access Service (“BIAS”)
 ☐ Service Bundle (Phone and BIAS)

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account <i>(If different from Applicant):</i>		Customer Contact Telephone Number:	
Customer's Full Residential Service Address <i>(no P.O. Boxes):</i> Street: City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If “yes” then must verify address every 90 days.)</i>	
		Is this address occupied by multiple households? Yes/No <i>(circle the appropriate response)</i> <i>(If “yes” or if Lifeline program records indicate another person at this address is already receiving a Lifeline Program benefit then you must complete the separate Lifeline Household Worksheet.)</i>	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If “no” please provide billing address):</i>			

**This number is assigned to program participants of MO HealthNet and Food Stamps.*

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I hereby certify under penalty of perjury that (please initial next to each statement):

☐

I meet the eligibility criteria for the Lifeline program or the Disabled program.

☐

I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.

☐

If I move to a new address I will provide that new address to my voice service provider within 30 days.

☐

If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.

☐

My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.

☐

I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.

☐

I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

☐

I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,281	\$21,924	\$27,567	\$33,210	\$38,853	\$44,496	\$50,139	\$55,782	+ \$5,643/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

LTC Networks

Bethany Business Office 800-551-1930

Lifeline Household Worksheet

This Worksheet is not applicable for the Disabled Program.

Only one Lifeline Program-supported service per household (either wireless or landline telephone, Broadband Internet, or a cell phone data plan) is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

Lathrop Telephone Company (SAC 3421932)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Lathrop Telephone Company hereby certifies that throughout 2017, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, the Company offers broadband service at the highest available speed.

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ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY